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ABSTRACT

This resource guide was developed to inform rural health care administrators of the federal Bureau of Health Professions' (BHPr) grant, loan, and scholarship programs. These programs are intended to foster rural staff recruitment, retention, and training; increase career opportunities for minorities and disadvantaged populations; and encourage rural health education. The objective of these BHPr programs is to further the development of affiliations between health service programs in rural, underserved areas and health professions training programs. BHPr programs fall into four general areas: promoting primary care education; expanding the capacity of nursing and allied health professions education and practice; increasing the numbers of health care providers from minority and disadvantaged backgrounds; and strategies to recruit and retain health care providers for underserved populations. Fact sheets on individual programs include specific purpose, methods, program priorities, resources, and program contact for inquiries. A final section briefly describes five health training models or examples where health professions training programs have linked with rural health programs to encourage health professionals to remain in rural areas. (RAH)

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Bureau of Health Professions Program Resource Guide

September 1994

By
Billy M. Sandlin, MSPH

Prepared for the
Bureau of Primary Health Care
Department of Health and Human Services

Prepared by the
National Rural Health Association

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Introduction

Problems of access to medical care persist in rural areas despite large increases in the number of physicians and the prospect of universal financial access. When compared to urban areas, rural areas have less than one-half as many physicians practicing patient care per 100,000 population (96 versus 216). While universal financial access must be addressed, other issues exist, such as the shortage of primary care specialties and the small numbers of minority health professionals.

Shortages are not restricted to physicians; they exist in other health professions as well. The competition for health care providers in rural areas is likely to continue or be exacerbated with the growth of managed care systems, which exist mainly in urban areas.

Recognizing this problem, the National Advisory Committee on Rural Health has recommended that programs be developed to increase the numbers of primary care providers—both physicians and non-physician practitioners—in rural areas. Partnerships between rural providers and health professions training programs have proven successful in increasing the numbers of primary care providers in rural areas. These partnerships have:

- enhanced the ability of health centers to retain and recruit health care providers from education programs;
- provided professional growth engendered from interactions with colleagues, students and residents; and
- becomed recognized for excellence as a result of their association with an educational institution.

To further the development of affiliations between health service programs in rural, underserved areas and health professions programs, selected health professions training programs are given funding preference from the Bureau of Health Professions (BHPr) for collaborating with health providers in such areas. Preference is given to those academic programs that have linkages with rural health providers who can provide practical experiences for their students in a multidisciplinary, culturally diverse, rural primary care practice.

This *Program Resource Guide* has been developed to help rural health care administrators become aware of BHPr's resources. These resources are intended to foster staff recruitment, retention and training; increase career opportunities for minorities and disadvantaged populations; and encourage rural health education. The resource guide has two sections.

Section I contains a resource matrix for each of BHPr's four program initiatives. The matrices identify common rural health professions issues, the Bureau's program resources, and the type of resource provided.

The resources listed in the matrices are federally funded grant, loan and scholarship programs to support health professions training. For the most part, grants are made only to health professions training programs. Scholarships and loans are available to individuals, but are administered by the health professions training programs. The Bureau's programs provide financial assistance for fellowships, traineeships, stipends, contracts and technical assistance. This type of assistance supports individuals during preceptorships, clerkships, clinical assignments and other training activities in rural areas. In almost all cases, the resources described in this guide are administered through the health professions training entity.

In addition, fact sheets are provided to explain the purpose, methods, program priorities, resources and program contact for inquiries. Fact sheets are included for each program listed in the matrix. The exception is Fact Sheet III-2 and Fact Sheet III-3 wherein six programs have been combined into the two fact sheets because of their similarity. All of the fact sheets include only those Bureau programs deemed most appropriate for addressing the rural health issues through linkages with rural primary care programs.

While the Bureau's programs differ in their approach, all have a common mission to improve the training, distribution, utilization and quality of personnel required to staff the nation's health care system.

Section II lists five health training models or examples where health professions programs have linked with rural health programs to encourage health professionals to remain in rural practice areas. Examples are included for medicine, nursing and allied health. While each example is unique in its approach to linking service and educational programs, they illustrate the relationship between recruitment, education and

training, and service as a means for furthering the development of multidisciplinary, culturally diverse rural primary care practices.

Replication of any one program may not be possible, however there are various aspects of each program that suggest possible replication. In addition the models illustrate that:

- rural-oriented academic programs can achieve success in producing professionals committed to and prepared for rural practice;
- many of the key elements of any successfully managed program are central to the success of a rural-oriented academic program, and they include leadership, planning, participative management, focused vision and mission;
- there may be certain organizational principles that characterize successful model programs that could serve as guides for other programs; and
- the study of model programs provides certain lessons that should be considered when addressing system problems (Health Resources and Services Administration, 1992).

Reference

Health Resources and Services Administration. (1992). *Study of models to meet rural health care needs through mobilization of health professions education and service resources*. Kansas City, MO: National Rural Health Association.

Section I

I. Promoting Primary Care Education

BHPr Program Resources[1]	Rural Health Issues					
	Recruitment and Retention	Staff Training and Continuing Education	Assistance for Disadvantaged Students	Career Opportunity	Rural Primary Care Education	Special Population Education
Grants for Faculty Development in Family Medicine, General Internal Medicine/Pediatrics *Fact Sheet I-1*	G, CA, S, TA	S, TA, TNG	NA	NA	CA, S, TA	NA
Grants for Predoctoral Training in Family Medicine *Fact Sheet I-2*	C, CA, S, TA	G, C, S, CA, TA	G, S, CA, TA	G, C, S, TA	G, C, S, CA, TNG, TA	NA
Grants for Graduate Training in Family Medicine and/or Residency Training in General Interal Medicine/Pediatrics *Fact Sheet I-3*	G, CA, S, TA, TNG	TA, TNG	S, CA	S, TNG	CA, TA, TNG	NA
Grants for Physician Assistance Training Program *Fact Sheet I-4*	TA, TNG, CA	NA	G, S, TA, TNG, CA	G, S, TA, TNG, CA	CA, S, TA, TNG	NA
Nurse Practitioner and Nurse Midwifery Grants *Fact Sheet I-5*	TA, CA	TA, TNG	C, S, TA, TNG, CA	C, S, TA, TNG, CA	CA, S, TA, TNG	NA

1. Grants (G); Contracts (C); Stipends (S); Loans (L); Scholarships (SCH); Technical Assistance (TA); Training (TNG); Clinical Assignment (CA); Not Applicable (NA).

Fact Sheet
I-1

Faculty Development in Family Medicine and General Internal and/or Pediatrics

PURPOSE:

To assist health professions institutions to increase the supply of physician faculty available to teach in family medicine and general internal/pediatric programs.

METHODS:

Provides grant support to allopathic and osteopathic medical schools, hospitals and public or private non-profit entities that provide health and education programs as a major function. The grants support planning, developing and operating programs for training physicians who plan to teach in family medicine and general internal and/or pediatrics training programs.

RESOURCES:

Support is provided for salaries of professional and other supporting staff engaged in the training programs, purchase of equipment, domestic travel, consultants, trainee stipends and travel, as appropriate; and alterations and renovations of existing buildings as related to carrying out the objectives of the training program. These resources may be made to rural projects that serve as training sites and meet the priorities described above.

PROGRAM PRIORITIES:

Preference is given to training programs whose graduates have selected practices in community-based ambulatory settings in medically underserved areas and where faculty are provided training experiences in such underserved settings.

PROGRAMMATIC INQUIRIES:

Division of Medicine, BHPr/HRSA
Primary Care Medical Education Branch
Parklawn Building, Room 4C-04
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-3614

Fact Sheet
I-2

Grants for Predoctoral Training in Family Medicine

PURPOSE:

To assist accredited schools of allopathic and osteopathic medicine to promote the predoctoral training of medical students in family medicine. The grants encourage schools to design programs that attract graduates seeking residency training in family medicine and eventually a career in family medicine.

METHODS:

Grants support the cost of curriculum development, clerkships, preceptorships and/or student assistantships. Schools are encouraged to develop training affiliations with community/migrant health centers and other rural ambulatory programs serving underserved populations that will encourage graduates to seek residency training in family medicine and eventually enter a career in family medicine. Many programs have formal arrangements with rural health centers for their staff to serve as preceptors for students during both pre- and post-clinical phases of their undergraduate training.

RESOURCES:

Grant resources may be used for stipends; direct assistance is provided for curriculum development, residencies, clerkships, preceptorships and student assistantships.

PROGRAM PRIORITIES:

- Programs that require third-year family medicine clerkship or preceptorship.
- Programs that provide substantial training experience in inpatient or outpatient facilities located in a health professional shortage area, medically underserved area, facilities whose patients are uncompensated, and community/migrant health centers.
- Programs that have a required primary care preceptorship with community-based physicians.
- Programs that document that a substantial portion of their graduating classes entered accredited family medicine residency training programs or internship programs in osteopathic medicine, which emphasizes family medicine.
- Programs that influence graduates from minority or low-income populations identified as at risk for poor health outcomes to enter family medicine residency.

PROGRAMMATIC INQUIRIES:

Division of Medicine, BHPr/HRSA
Primary Care Medical Education Branch
Parklawn Building, Room 4C-04
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-3614

Fact Sheet
I-3

Grants for Graduate Training in Family Medicine and Residency Training in General Internal Medicine/Pediatrics

PURPOSE:

To promote the graduate education of allopathic and osteopathic physicians who are trained for and will enter the practice of family medicine, general internal medicine and/or general pediatrics. The intent is to design programs that encourage graduates to seek residency training in these specialties and eventually enter a career in the specialty.

METHODS:

To assist accredited schools of allopathic and osteopathic medicine and public or private non-profit hospitals or other entities that provide health or educational programs as one of its major functions by supporting the cost of planning, developing, operating or participating in approved graduate or residency training programs that emphasize continuity, ambulatory, preventive and psychosocial aspects of the practice of medicine. Residency programs are encouraged to develop training affiliations with community/migrant health centers and other ambulatory programs serving rural, underserved populations.

RESOURCES:

Grant resources may be used to support the cost of residents who are on clinical rotation in ambulatory settings, such as community/migrant health centers. Resources may be used to support faculty, clinical supervision and living expenses of the graduates when appropriate. Graduate programs are encouraged to make clinical training assignments in approved ambulatory settings that serve rural, underserved populations.

PROGRAM PRIORITIES:

- Training programs that emphasize the provision of longitudinal, preventive and comprehensive care to underserved families.
- Programs that provide substantial training experience in inpatient or outpatient facilities located in a health professional shortage area, medically underserved area, facilities whose patients are uncompensated and/or compensated by publicly assisted programs, and community/migrant health centers.
- Programs that influence graduates from those minority or low-income populations identified as at risk for poor health outcomes to enter family medicine residency training.

PROGRAMMATIC INQUIRIES:

Division of Medicine, BHPr/HRSA
Primary Care Medical Education Branch
Parklawn Building, Room 4C-05
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-6950

Fact Sheet
I-4

Grants for Physician Assistant Training Program

PURPOSE:

To train physician assistants and individuals who will teach in physician assistant training programs. The projects supported under this program must be primary care oriented, stress educational experiences and include practice locations in health professional shortage areas, such as rural primary care programs.

METHODS:

The grants will assist schools to meet the cost of projects to plan, develop and operate or maintain programs for the training of physician assistants or for the training of individuals who will teach in programs of such training. The programs must offer training opportunities that will encourage graduates to work in primary care programs located in health professional shortage areas. Community/migrant health centers and other rural primary care programs in underserved areas are in a unique position to become affiliated with a certified physician assistant training program by offering opportunities that meet the program's priorities for training in underserved areas with large minority populations.

RESOURCES:

Grant resources may be used for necessary salaries of professionals and supporting staff engaged in the educational programs, purchase of equipment, travel and consultants, as appropriate; and alterations and renovations of existing buildings. Stipends and direct assistance are provided for curriculum development, clerkships, preceptorships and/or student assistantships.

PROGRAM PRIORITIES:

- Training programs that enroll and graduate trainees from underserved areas.
- Programs that can demonstrate substantial progress during the last three years in enrolling and graduating trainees from those minority or low-income populations identified as at risk for poor health outcomes.
- Programs that provide substantial training experience (25 percent of the total clinical experience) in a service setting located in a federal or state designated underserved area. Many rural primary care programs are eligible to provide ambulatory training rotations for physician assistants to encourage graduates to locate in rural, underserved areas.

PROGRAMMATIC INQUIRIES:

Division of Disadvantaged Assistance, BHPr/HRSA
Program Coordination Branch,
Parklawn Building, Room 8A-08
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-4493

BEST COPY AVAILABLE

Fact Sheet
I-5

Grants for Nurse Practitioner and Nurse Midwifery

PURPOSE:

To train nurse practitioner and nurse midwives who will be qualified to provide primary health care in such settings as homes, ambulatory care facilities and other health care institutions.

METHODS:

The grants will assist schools to meet the cost of projects to plan, develop, operate, maintain or expand programs for the training of nurse practitioners and nurse midwives who will serve minority or low-income populations identified as at risk for poor health outcomes. Community/migrant health centers and other rural primary care programs in underserved areas are in a unique position to become affiliated with certified nurse practitioner and nurse midwifery programs by offering training opportunities that meet the program's priorities for training in underserved areas with large low-income or minority populations.

RESOURCES:

Grant resources may be used for necessary salaries of professionals and support staff engaged in educational programs, purchase of equipment, travel and consultants, as appropriate; and alterations and renovations of existing buildings. Stipends and direct assistance are provided for curriculum development, clerkships, preceptorships and/or student assistantships.

PROGRAM PRIORITIES:

- Training programs that enroll and graduate trainees from underserved areas.
- Programs that can demonstrate substantial progress during the last three years in enrolling and graduating trainees from minority or low-income populations identified as at risk for poor health outcomes.
- Programs that provide substantial training experience (25 percent of the total clinical training) in a designated underserved area. Many rural primary care programs are eligible to provide ambulatory training rotations for nurses to encourage graduates to locate in rural underserved areas.
- Programs that emphasize education for the special problems of geriatric patients, including those who need home health care and institutional care.

PROGRAMMATIC INQUIRIES:

Division of Nursing, BHPr/HRSA
Advance Nursing Education Branch
Parklawn Building, Room 9-36
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-6333

II. Expanding the Capacity of Nursing and Allied Health Professions Education and Practice

BHPr Program Resources[1]	Rural Health Issues					
	Recruitment and Retention	Staff Training and Continuing Education	Assistance for Disadvantaged Students	Career Opportunity	Rural Primary Care Education	Special Population Education
Nursing Special Projects *Fact Sheet II-1*	CA, S	NA	CA, S, TNG, FS	CA, S, TNG, FS	CA	NA
Advanced Nurse Education *Fact Sheet II-2*	CA, S	NA	CA, S, TNG	CA, S, TNG	CA	CA, TNG
Professional Nurse Traineeships *Fact Sheet II-3*	TNG, CA	NA	TNG, CA, S	S, CA, TNG	CA, TA	CA
Nursing Student Loans *Fact Sheet II-4*	NA	NA	L	L	NA	NA
Allied Health Project Grants *Fact Sheet II-5*	FS, CA	NA	FS, CA, TNG	FS, CA, TNG	CA	NA

1. Grants (G); Contracts (C); Stipends (S); Loans (L); Scholarships (SCH); Technical Assistance (TA); Training (TNG); Clinical Assignment (CA); Not Applicable (NA).

Fact Sheet
II-1

Nursing Special Projects

PURPOSE:

To improve nursing practice through projects that:

- increase knowledge and skills of nursing personnel,
- enhance their effectiveness in primary health care delivery, and
- increase the number of professional nurses.

METHODS:

Grants to assist nursing programs to increase the number of students enrolled by developing or expanding nursing practice arrangements in non-institutional settings that improve access to primary health care in medically underserved communities. Programs are encouraged to provide clinical training in the provision of primary care in publicly funded urban or rural outpatient facilities, such as community/migrant health centers, home health agencies, public health agencies and rural hospitals.

RESOURCES:

Grants and contracts to public and non-profit private schools of nursing to support tuition, fees and stipends for individual fellowships as established by the training institution. Grants and contracts are also available for providing continuing education for nurses serving in medically underserved communities, and for providing fellowships to train individuals as professional nurses who are employed by nursing facilities or home health agencies as nursing paraprofessionals.

PROGRAM PRIORITIES:

Preference is given to fellowships to nursing paraprofessionals who are economically disadvantaged, particularly members of a minority group that is under-represented among registered nurses, or individuals who are employed by nursing facilities that will assist in paying the educational costs or expenses (tuition, books, and fees) with respect to the individual. Programs that provide students with a clinical experience in primary health care and programs that provide continuing education for nurses serving in medically underserved communities are preferred. Preference is given to professional nursing programs that provide for the rapid transition to status as a professional nurse from status as a nursing paraprofessional.

PROGRAMMATIC INQUIRIES:

Division of Nursing, BHPr/HRSA
Nursing Education/Practice Resources Branch
Parklawn Building, Room 9-46
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-6193

Fact Sheet
II-2

Advance Nurse Education

PURPOSE:

To assist schools of nursing to increase the number of registered nurses prepared as nurse educators, public health nurses or other clinical nursing specialties.

METHODS:

Grants to assist nursing programs to expand existing programs leading to advanced degrees by linking nursing education programs with programs that provide comprehensive primary care services to the underserved. The program aims to attract, retain and graduate minority and financially needy students.

RESOURCES:

Grants and contracts to public and non-profit private schools of nursing to plan, develop and operate or expand programs at the master's or doctoral level to prepare professional nurses to serve as nurse educators or public health nurses specialties.

PROGRAM PRIORITIES:

Priority is given to programs that develop, expand or implement courses concerning ambulatory, home health care, or inpatient case management for those with HIV infection-related diseases. Priority also is given to programs that have made substantial progress in enrolling and graduating trainees from minority or low-income populations identified as at risk for poor health outcomes and that have a high rate for placing graduates in practice settings primarily serving residents of medically underserved communities eligible to be designated as a health professional shortage area, community/migrant health center, program for the homeless or rural health clinic.

PROGRAMMATIC INQUIRIES:

Division of Nursing, BHPr/HRSA
Advance Nursing Education Branch
Parklawn Building, Room 9-36
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-6333

Fact Sheet
II-3

Professional Nurse Traineeships

PURPOSE:

To assist schools of nursing to increase the number of registered nurses at the master's and doctoral degree level prepared for practice as nurse practitioners, nurse midwives, nurse educators, public health nurses or other clinical nursing specialties.

METHODS:

To provide traineeships through schools that provide master's and doctoral degree programs to individuals who have completed basic nursing preparation.

RESOURCES:

Grants to public or non-profit, private entities to support traineeships to pay for books and stipends up to $8,800 per year for a maximum of 36 months of study.

PROGRAM PRIORITIES:

- Individuals who are residents of health professional shortage areas.
- Traineeships for master's of nursing programs (only for individuals who have completed basic nursing preparation).
- Individual who is enrolled full-time in eligible graduate program and pursuing a master's or doctoral degree.
- Programs that have made substantial progress in enrolling and graduating trainees from minority or low-income populations identified as at risk for poor health outcomes.
- Programs that have a high rate for placing graduates in practice settings primarily serving residents of medically underserved communities eligible to be designated as a health professional shortage area, community/migrant health center, program for the homeless, or rural health clinic.

PROGRAMMATIC INQUIRIES:

Division of Nursing, BHPr/HRSA
Nursing Education/Practice Resources Branch
Parklawn Building, Room 9-36
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-5763

Fact Sheet
II-4

Nursing Student Loans

PURPOSE:

To alleviate the shortage of nursing personnel and to ensure that no qualified student is denied the pursuit of a nursing career due to lack of financial resources.

METHODS:

Provides the means for schools of nursing to establish a revolving student loan program to make long-term, low-interest loans to students pursuing a course of study leading to a diploma, associate, baccalaureate or graduate degree in nursing.

RESOURCES:

Funds are made available to schools of nursing to establish a revolving student loan program.

PROGRAM PRIORITIES:

None

PROGRAMMATIC INQUIRIES:

Division of Student Assistance, BHPr/HRSA
Student and Institutional Support Branch
Parklawn Building, Room 8-34
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-4776

Fact Sheet
II-5

Allied Health Project Grants

PURPOSE:

To increase the number of individuals trained in allied health professions by supporting rapid transition training programs in allied health fields to individuals who have baccalaureate degrees in health-related sciences.

METHODS:

To assist entities in meeting the costs associated with expanding or establishing programs that will increase the number of allied health professions in the greatest shortages or whose services are most needed by the elderly.

RESOURCES:

Grants are made to accredited schools, universities or other public or non-profit, private entities deemed capable of increasing the number of trained allied health professionals. The grants provide financial assistance in the form of traineeships to students who are in allied health training.

PROGRAM PRIORITIES:

- To expand or establish clinical training sites for allied health professionals in medically underserved or rural communities, especially those that develop curriculum in prevention, geriatrics, long-term care, home health hospice care and ethics.
- To establish community-based allied health training programs that link academic centers to rural clinical settings, such as community/migrant health centers and rural health clinics.
- To expand or establish demonstration centers to emphasize innovative models, such as teaching programs in rural areas to link allied health clinical practice, education and research.

PROGRAMMATIC INQUIRIES:

Division of Associated, Dental and Public Health Professions, BHPr/HRSA
Associated Health Professions Branch
Parklawn Building, Room 8C-02
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-6763

III. Increasing the Numbers of Health Care Providers from Minority/Disadvantaged Backgrounds

	Rural Health Issues					
BHPr Program Resources[1]	Recruitment and Retention	Staff Training and Continuing Education	Assistance for Disadvantaged Students	Career Opportunity	Rural Primary Care Education	Special Population Education
Health Careers Opportunity *Fact Sheet III-1*	TA, G, CA, TNG	NA	TA, G, CA, TNG	TA, G, CA, S, TNG	TA, CA	TA, CA
Health Careers Loan Programs *Fact Sheet III-2*	L, CA	NA	L, CA, TNG	L, CA, TNG	CA, TNG	NA
Health Careers Scholarhip Programs *Fact Sheet III-3*	S, TA, TNG	NA	S, TNG	S, TNG, CA	CA	CA
Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds *Fact Sheet III-4*	TA, TNG, CA	NA	G, C, TNG, CA	G, C, TNG, CA	CA	NA

1. Grants (G); Contracts (C); Stipends (S); Loans (L); Scholarships (SCH); Technical Assistance (TA); Training (TNG); Clinical Assignment (CA); Not Applicable (NA).

Fact Sheet
III-1

Health Careers Opportunity Program (HCOP)

PURPOSE:

To increase the number of individuals in the health and allied health professions who are from disadvantaged backgrounds.

METHODS:

Supports health professions schools, schools of allied health and public or private, non-profit health or educational entities that provide health or educational programs as one of their major functions.

RESOURCES:

Grant funds are awarded to support:

- recruitment and retention programs to identify, recruit, counsel, tutor or help students from disadvantaged backgrounds select and successfully complete their education at a health professions school;
- preliminary education programs to enhance the academic ability of HCOP students before entry into a regular course of study in a health or allied health professions school;
- entry programs that assist persons from disadvantaged backgrounds in gaining admission to health professions schools; and
- information dissemination programs that distribute and publicize sources of financial aid for eligible students enrolled or considering enrollment in health professions programs.

PROGRAM PRIORITIES:

- For programs to carry out clerkships in outpatient health care facilities in rural areas, community/migrant health centers, homeless health centers, public housing health centers, Indian Health Service hospitals and/or health centers, health care facilities with 50 percent of their teaching patients from health professionals shortage areas (HPSAs) or medically underserved areas (MUAs), and sites with an affiliation agreement with an area health education center serving the underserved.
- For rural programs for innovative curriculum addressing the public health needs of rural populations, infant mortality, HIV/AIDS, and substance abuse programs that are located in a HPSA, MUA, or state-designated health center serving an underserved population.

PROGRAMMATIC INQUIRIES:

Division of Disadvantaged Assistance, BHPr/HRSA
Program Coordination Branch
Parklawn Building, Room 8A-08
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-4493

Fact Sheet
III-2

Health Careers Loan Programs

Loans for Disadvantaged Students (LDS)
Health Professions Student Loans (HPSL)
Health Education Assistance Loans (HEAL)

PURPOSE:

To alleviate the shortage of health personnel and to ensure that no qualified student is denied a health professions career due to lack of financial resources. The LDS loans are targeted specifically to individuals from disadvantaged backgrounds.

METHODS:

These loan programs are available through schools of medicine, osteopathic medicine, dentistry, optometry, pharmacy, podiatric medicine or veterinary medicine. The HEAL loans also are made to chiropractic, health administration, clinical psychology, and public health students who may borrow up to $12,500 per academic year.

Both the LDS and HPSL programs require students to agree to enter and complete residency training in primary care and practice in primary care until the loan is paid in full.

RESOURCES:

Loan funds may be used for tuition and other reasonable educational expenses including living expenses, transportation costs, and, in the case of the HEAL loan, loan insurance. Recipients of these loans are good candidates for recruitment to rural health programs in underserved areas served by primary care health centers.

PROGRAM PRIORITIES:

Priority will be given to those students from disadvantaged backgrounds who need financial assistance to enter or complete their course of study. Priority also is given to students who agree to practice primary care, especially in underserved communities, such as rural areas served by federal- and state-sponsored primary care centers.

PROGRAMMATIC INQUIRIES:

Division of Student Assistance, BHPr/HRSA
Student and Institutional Support Branch
Parklawn Building, Room 8-34
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-4776

Fact Sheet
III-3

Health Careers Scholarship Programs

Scholarships for Students of Exceptional Financial Need (EFN)
Financial Assistance for Disadvantaged Health Professions Students (FADHPS)
Scholarships for Disadvantaged Students (SDS)

PURPOSE:

To provide financial assistance to full-time students of exceptional financial need and/or disadvantaged students who are of exceptional financial need.

METHODS:

Scholarships for EFN and FADHPS assistance are available only through schools of medicine, osteopathic medicine and dentistry for students pursuing a career in medicine or dentistry. The SDS program also includes students pursuing a career in optometry, pharmacy, pediatrics and veterinary medicine. If there is full funding, nursing, public health, allied health and schools offering graduate programs in clinical psychology are included.

RESOURCES:

The scholarships provide for educational costs and a stipend for living expenses.

Rural health programs should explore linkages with institutions where these scholarship recipients are being trained for developing clerkships, preceptorships and residency rotations in rural primary care centers. Because of their service obligation, recipients of these scholarships are good candidates for recruitment to rural health programs in underserved areas served by primary care health centers.

PROGRAM PRIORITIES:

- Students receiving EFN and FADHPS scholarships must fulfill their scholarship obligation by entering and completing residency training in primary care and practicing in primary care for five years after completing residency training.
- The SDS program provides financial assistance without a service obligation.
- The SDS gives special consideration to schools that have enrollments of under-represented minorities.

PROGRAMMATIC INQUIRIES:

Division of Student Assistance, BHPr/HRSA
Student and Institutional Support Branch
Parklawn Building, Room 8-34
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-4776

Fact Sheet
III-4

Nursing Education Opportunities for Individuals from Disadvantaged Backgrounds (NEO)

PURPOSE:

To increase opportunities for individuals from disadvantaged backgrounds to pursue a nursing education.

METHODS:

Grants to assist schools of nursing to develop special projects to increase enrollment of students from disadvantaged backgrounds.

RESOURCES:

The NEO awards grants and contracts to support the costs of special projects to increase nursing education opportunities for individuals from disadvantaged backgrounds by:

- identifying, recruiting and selecting such individuals;
- facilitating entry into schools by providing counseling or educational services to assist individuals to complete their nursing education;
- paying stipends for students during nursing education; and
- publicizing, especially to licensed vocational or practical nurses, existing sources of financial aid available.

PROGRAM PRIORITIES:

None

PROGRAMMATIC INQUIRIES:

Division of Nursing, BHPr/HRSA
Nursing Education/Practice Resources Branch
Parklawn Building, Room 9-46
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-5763

IV. Strategies to Recruit and Retain Health Care Providers for Underserved Populations

	Rural Health Issues					
BHPr Program Resources1	Recruitment and Retention	Staff Training and Continuing Education	Assistance for Disadvantaged Students	Career Opportunity	Rural Primary Care Education	Special Population Education
Area Health Education Centers *Fact Sheet IV-1*	TA, TNG, CA	TA, TNG, CA	TNG, CA, TA	TA, CA	TNG, CA	TNG, TA, CA
Grants for Interdisciplinary Training for Rural Areas *Fact Sheet IV-2*	G, C, TA, CA, TNG	G, TNG, CA	G, CA, TA	G, CA, TA	G, TA, CA	NA
Rural Health Medical Education Demonstration Project *Fact Sheet IV-3*	CA	NA	NA	NA	G, TA	NA
AIDS Education and Training Centers *Fact Sheet IV-4*	CA, TA	C, CA, TNG	NA	NA	C, TNG, TA	C, TNG, TA

1. Grants (G); Contracts (C); Stipends (S); Loans (L); Scholarships (SCH); Technical Assistance (TA); Training (TNG); Clinical Assignment (CA); Not Applicable (NA).

Fact Sheet
IV-1

Area Health Education Centers and Health Education Training Centers (AHEC)

PURPOSE:

To assist health professions schools to improve the distribution, supply, quality, use and efficiency of health personnel in the health services delivery system by encouraging linkages with community health providers to improve the training opportunities for health professionals.

METHODS:

Provides grants to schools of allopathic or osteopathic medicine to support linkages between academic resources of the university health science center and local planning, educational and clinical programs, including community/migrant health centers and other programs serving special populations, to form a network of training resources for students, faculty and practitioners in rural and urban underserved areas. Networks are formed through cooperative arrangements (consistent with policies of the Bureau of Primary Health Care [BPHC] for supplemental grant for affiliations between BPHC-funded programs and health professions education programs) between community/migrant health centers and homeless health centers and academic programs to recruit and train primary health care professionals for service in rural underserved areas.

RESOURCES:

Provides training for health center professionals, students, lay workers and community organizers, as well as technical assistance for primary care program development. These activities include support for continuing education for project staff, provision of library resources for professional staff, multidisciplinary training of health professions students and staff in bi-cultural settings, clinical training for recertification, and clinical practice rotations for staff of rural community clinics and hospitals. Technical assistance is provided in community health organization and planning, recruitment, health careers education, rural primary care training, minority education initiatives, AIDS education and administrative support activities for rural providers.

PROGRAMMATIC INQUIRIES:

Division of Medicine, BHPr/HRSA
AHEC and Special Programs Branch
Parklawn Building, Room 4C-03
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-6950

Fact Sheet
IV-2

Grants for Interdisciplinary Training for Health Care for Rural Areas

PURPOSE:

To provide support for the education and training of health care professionals to encourage and prepare them to enter into and/or remain in practice in rural America.

METHODS:

To develop long-term relationships between academic institutions, rural community/migrant health centers, rural hospitals and other health care providers in rural areas that train health care professionals for practice in such areas. Grant funds are available to support interdisciplinary training that:

- delivers health care services to individuals residing in rural areas;
- increases the recruitment and retention of health care practitioners in rural areas;
- uses new and innovative methods to train health care practitioners to provide services in rural areas;
- demonstrates and evaluates innovative interdisciplinary methods to provide access to cost-effective comprehensive health care; and
- enhances the amount of research concerning health care issues in rural areas.

RESOURCES:

Grants to health departments, community/migrant health centers and other non-profit organizations, public or non-profit colleges, universities, or schools of, or programs that specialize in, health professions training. Applications must be submitted jointly by at least two eligible applicants with the express purpose of assisting individuals in academic institutions in establishing long-term collaborative relationships with health care providers in rural areas. A rural health agency must be designated for clinical treatment or training. Such agencies include community/migrant health centers, rural health clinics, rural hospitals, community mental health centers, long-term care facilities, Indian Health Service centers or Native Hawaiian health centers.

PROGRAMMATIC INQUIRIES:

Division of Associated, Dental and Public Health Professions BHPr/HRSA
Parklawn Building, Room 8C-02
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-6763

Fact Sheet
IV-3

Rural Health Medical Education Demonstration Projects

PURPOSE:

To assist primary care departments of teaching hospitals in developing clinical experiences in rural areas for the residents with the expectation that they may choose to practice in these areas.

METHODS:

To sponsor 10 projects that encourage agreements between teaching hospitals and rural general hospitals of 100 or fewer beds located in a county not included in a metropolitan statistical area or a New England county metropolitan area. To provide a rural clinical experience for residents from family medicine, osteopathic general practice, primary care internal medicine or primary care pediatrics who have completed at least one year of residency training.

RESOURCES:

Medicare's share of direct graduate medical education costs of the sponsoring hospital will be increased during the three-year period of the project to compensate for reasonable additional costs incurred for the education and training of residents at the rural site. The program encourages the development of teaching affiliations between teaching hospitals and rural ambulatory health centers in underserved areas. Community/migrant health centers and rural health clinics are likely sites for developing these affiliations.

PROGRAMMATIC INQUIRIES:

Division of Medicine, BHPr/HRSA
Primary Care Medical Education Branch
Parklawn Building, Room 4C-04
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-6820

Fact Sheet
IV-4

AIDS Education and Training Centers (AETC)

PURPOSE:

To increase the number of health care providers who are educated and motivated to counsel, diagnose, treat and manage individuals with HIV infection and to assist in the prevention of high-risk behaviors that may lead to infection.

METHODS:

AIDS education and training program services are provided through 17 AETCs, which form a national network of centers to serve community/ migrant health centers, community-based HIV organizations, medical and health professional schools, local hospitals, health departments, medical societies and other professional organizations. These centers assist with the following educational activities:

- train community primary care providers and selected individuals to serve as HIV educators;
- emphasize training for minority providers and providers who serve minority populations;
- implement needs assessment to better allocate resources; and
- establish linkages with existing clinical trials groups.

RESOURCES:

Ten percent of funds are set aside for rural regional training centers that collaborate with area health education centers, community/migrant health centers, community-based HIV organizations, medical and health professional schools, local hospitals, health departments, medical societies and other professional organizations targeted to providers and community educators serving rural populations.

PROGRAMMATIC INQUIRIES:

AIDS ETC Program, Bureau of Health Professions
Parklawn Building, Room 4C-05
5600 Fishers Lane
Rockville, MD 20857
Telephone Number: 301-443-6364

Section II

Education and Training Models for Rural Health Professionals

"There is a clear need to examine the relationship between recruitment, retention, education and training of students for the health professions as well as the supply of, and availability of, health professionals for rural practice" (Health Resources and Services Administration, 1992). This study illustrates the benefits that can be achieved through a closer cooperation between rural primary care centers and health professions education programs in training primary care providers for rural, underserved areas. There are many examples where affiliations between rural health centers and health professions programs have proven beneficial to the quality and quantity of health services provided by rural health centers while preparing health professionals for rural practice.

Health centers have benefited from enhanced ability to recruit and retain health professionals, while education programs have benefited by having access to a more diverse patient mix where continuity of care contributes to a richer learning experience. The following are examples of programs where these benefits have been demonstrated. They represent model programs for training physicians, nurses and allied health professionals to practice in rural areas.

While these programs illustrate the more successful linkages between service and health professions programs, the reader is reminded that linkages may not always be beneficial. Their success requires commitment and mutual agreement on expanded goals and activities for both organizations.

Reference

Health Resources and Services Administration. (1992). *Study of models to meet rural health care needs through mobilization of health professions education and services resources* (pp. 463). Kansas City, MO: National Rural Health Assocation.

Sequoia Community Health Foundation
Valley Medical Center (VMC)
Sequoia Pathway

Fresno, California

Hispanic Program Track to Train Family Physicians

The Sequoia Pathway is a collaborative effort between the Family Practice Residency Program at Valley Medical Center (VMC) and the Sequoia Community Health Foundation (community/migrant health centers) to develop a Hispanic program track to train family physicians to meet the health needs of Hispanics and other underserved populations of the rural Central San Joaquin Valley of California. Continuing education and faculty development for the project is provided by the Border Area Health Education Center, University of California San Francisco Medical Education Program.

This project trains residents in the principles of community-oriented primary care in a predominantly Hispanic training setting. First-, second- and third-year residents are assigned clinical rotation to the foundation's three health centers. The residents follow a panel of patients during their three years of rotation in the clinic. They share on-call responsibility for follow-up for inpatient services at the VMC hospital. Clinical supervision of the residents in the clinic is provided by the staff of the health centers, assisted by full-time faculty from the residency program. Health center board-certified physicians serve as adjunct faculty for the VMC family practice residency program.

Working with underserved populations using culturally responsive means, the Sequoia Pathway has combined the resources of the primary care health centers in rural Fresno county with the resources of public health, the area health education centers and a successful health career opportunities program to expand the pool of candidates interested in a health professions career in rural areas.

The Sequoia Pathway project is a step into community-based ambulatory care training for VMC, a culturally sensitive set of clinical experiences for the residents, as well as a new approach to expanding the recruitment pool for Sequoia Community Health Foundation. But even more, this joint project has leveraged federal, state and community resources to increase the number of health professionals in a rural area through improved access to health career training opportunities. Truly community-based, this project is an opening of communications between graduate medical training and health centers, the next step in becoming viable sites for recruitment and retention of health professionals.

East Tennessee State University (ETSU) College of Medicine

Johnson City, Tennessee

Rural Programs

The College of Medicine was established to provide more primary care physicians and better medical care for the population located in the surrounding rural region of eastern Tennessee. The rural program components are under the direction of the ETSU Department of Family Medicine. It has a full-time family physician director with knowledge and experience in rural medicine.

There are six components of the rural programs:

The Appalachian Preceptorship Program

The program is designed to introduce visiting medical students to rural practice. It accepts 12 students per year who spend six to eight weeks in a rural community assigned to a board-certified rural practitioner who serves as a preceptor. First- and second-year students have a pre-clinical experience; third- and fourth-year students have a clinical experience. The preceptor has affiliated faculty status with the medical school and has been trained as a faculty member. To date, 100 percent of the students who have participated in the program, which began in 1987, have selected primary care residencies.

Rural Family Practice Student Interest Group

This is a student-organized and student-run group that provides support to students interested in pursuing family practice as a career. Its focus is non-clinical, however, its activities are coordinated through physician advisers and community representatives. Guest and student leaders offer sessions on legal, ethical and business aspects of rural practice. Rural health clinic administrators and clinical staff also participate in these sessions.

Residency Rotation in Rural Community Medicine

This family practice residency program is aimed at exposing residents to rural practice by assigning them to rural health centers during a portion of their clinical rotations. The program is for second- and third-year residents who spend a significant amount of time in patient management, as well as some involvement in local community activities. Board-certified community physicians who have affiliated faculty status serve as preceptors.

Fellowship in Rural Medicine

This is an intense postgraduate, fourth-year program. Participants may gear their experience toward private clinical practice or academics and research. The latter attain a master's degree in public health. Participants are paid a stipend of approximately $30,000; $3,000 of this amount can be used for conferences or for tuition for related programs.

Rural Mini-fellowship

The mini-fellowship is a series of seminars designed to teach family physicians in practice in a rural community and full-time faculty ways to use rural communities as teaching environments. The fellowship programs address issues, problems and potential solutions related to health and health care in rural settings. Participants are required to become involved in community-oriented projects and to report on their activities through the seminars.

Collaborative Practice Model

This program emphasizes collaborative practice and cooperation among the disciplines of nursing, medicine and various allied health professions. Its purpose is to provide an educational experience for students under the guidance of faculty members actively engaged in rural practice, to offer greatly needed health care services to an underserved rural population, and to support continued research in rural health.

The two practice centers are the Mountain City Family Health Center and the School of Nursing, which operates the Mountain City Extended Hours Health Center providing the only evening and weekend health care available in the county. Services at the Extended Hours Health Center are provided by family nurse practitioners with physicians serving as medical preceptors.

Southeastern University of the Health Sciences

North Miami Beach, Florida

Rural Clinics Program

The Southeastern University of the Health Sciences houses schools of osteopathic medicine, pharmacy and optometry. The school sought to meet a social responsibility to serve populations that traditionally have been underserved, therefore, it developed the Rural Clinics Program to provide training for undergraduate medical students in a rural setting with an emphasis on services for minorities and the elderly. The school's curriculum requires all undergraduates to have a rural clerkship of a one- to three-month rotation with primary care and/or community health as a co-requisite.

The Rural Clinics Program is a collaborative effort among the university, the area health education centers (AHEC) program and three community/migrant health center projects. The program is made up of a network of 10 rural primary care sites and includes community/migrant health centers, the Palm Beach County Health Department in Belle Glade and the West County Mental Health Center (also in Belle Glade). Students follow panels of patients along with their staff preceptors, who are predominantly National Health Service Corps (NHSC) physicians who staff the sites. They attend "grand rounds" and case conferences for more didactic instructions and participate in community health projects.

This model represents the federally encouraged linkages among medical schools, AHECs, community/migrant health centers, and the NHSC.

University of Alabama—Birmingham
Alabama Linkage Program

Birmingham, Alabama

Rural Clinics Linkage Program

This program is designed to encourage rural residents to pursue careers in allied-health-related professions. The linkage program represents a consortium among the University of Alabama School of Health-Related Professions Associate Degree Program, 21 community colleges and four other associate-degree granting institutions.

The program requires the community colleges to offer the general education requirements for allied health curricula and the schools of health-related professions to provide clinical instruction and experience.

Associate certificates are awarded for biomedical equipment technician, emergency medical technician (basic, intermediate, paramedic), medical assistant, medical laboratory technician, medical record technician, multiple competency clinical technician, occupational therapy assistant, physical therapy assistant, radiographer and respiratory therapist. The program has provided a pipeline for students to move from rural, underserved areas into junior college and then universities, and from associate degree preparation to health professions programs.

The community colleges link allows rural students to remain in their communities while receiving clinical experiences, therefore increasing the likelihood that they will remain in the community after graduation. Student tracking over time has indicated that more than 60 percent of students remain in their home counties to work.

University of Texas at Arlington School of Nursing

Arlington, Texas

Rural Clinics Program

This program prepares nurses and nurse practitioners for rural Texas and other rural settings through undergraduate, graduate and continuing education programs.

Baccalaureate Program

The baccalaureate program prepares generic students, registered nurses and licensed practical nurses for a baccalaureate degree by allowing nurses to complete their education without relocating away from their rural communities. Faculty and staff travel to remote sites to conduct classes and to monitor nurses at clinical sites who are working with a nurse preceptor. A limited amount of time is actually spent by students on the Arlington campus.

Graduate Nurse Practitioner Program

This program prepares family, pediatric and gerontological nurse practitioners. It has a rural emphasis requiring all students to have 80 consecutive hours or more of clinical experience in a rural setting. Students are under the supervision of a master's-level family nurse practitioner who is a clinical adjunct instructor for the School of Nursing, and the school pays a portion of the instructor's salary.

Other Rural Initiatives

The school has a joint W.K. Kellogg Foundation grant with the Texas College of Osteopathic Medicine to plan, implement and evaluate model community-oriented primary care clinics. The focus of the program is interdisciplinary health care provided by an osteopathic physician, a family nurse practitioner, a community health nurse, and a community liaison. In addition, the school has a rural hospital outreach program to provide staff in rural hospitals and long-term care settings with continuing education in their communities.